

MINNESOTA DEPARTMENT OF PUBLIC SAFETY
Driver and Vehicle Services
 445 Minnesota Street, St. Paul, MN 55101-5187
 Phone: 651-297-2126 TTY: (651) 282-6555 Web: www.mndriveinfo.org
APPLICATION FOR DUPLICATE TITLE, REGISTRATION, CAB OR LIEN CARD
PLEASE READ THE INSTRUCTIONS AT THE BOTTOM OF THIS PAGE BEFORE COMPLETING
 Duplicate plates and stickers **ARE NOT** required when applying for duplicate title

FOR OFFICIAL USE ONLY

TITLE NUMBER OF MISSING DOCUMENT				VEHICLE IDENTIFICATION NUMBER																
				1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
PLATE NUMBER	PLATE YR.	MAKE	MOD. YR.																	
PRINT APPLICANT'S FIRST OWNER ▶		LAST, FIRST, AND MIDDLE											DRIVER'S LICENSE NO.		DATE OF BIRTH					
FULL NAME ADDITIONAL OWNER'S ▶		LAST, FIRST, AND MIDDLE											DRIVER'S LICENSE NO.		DATE OF BIRTH					
PRINT ADDRESS OF FIRST OWNER (PERMANENT ADDRESS) ▶		STREET					CITY					COUNTY			STATE	ZIP				

FOR CENTRAL OFFICE USE ONLY

THIS APPLICATION IS FOR A DUPLICATE (Please check one): TITLE REG. CARD CAB CARD LIEN CARD
Check the box that indicates why the document must be replaced:

- | | |
|--|--|
| <input type="checkbox"/> STOLEN | <input type="checkbox"/> MUTILATED – Attach the mutilated document |
| <input type="checkbox"/> DESTROYED | <input type="checkbox"/> ILLEGIBLE – Attach the illegible document |
| <input type="checkbox"/> LOST | <input type="checkbox"/> NOT RECEIVED (Your lending institution or the postal service may have the missing document) |
| <input type="checkbox"/> GIVEN TO BUYER (SELLER IS FILING AFFIDAVIT OF SALE) | |

FEES DUE

	\$	¢
DUPLICATE		
FILING		
TOTAL	\$	¢

Temporary Address: Attach a **SELF-ADDRESSED, STAMPED ENVELOPE** if the document must be sent to a temporary address, and print that address here.

STREET	CITY	STATE	ZIP CODE
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Please Check One: Applicant is the Owner (if jointly owned, only owner's signature is required) Applicant is Secured Party

I certify that all of my declarations are true and correct. I am the owner or secured party of this vehicle and the original document has not been assigned and/or surrendered to anyone.

X _____ X _____ DATE _____
 Applicant(s) signature(s) Applicant(s) signature(s)

Title of Agent if Applicant is Secured Party: _____

LIEN RELEASE – Print name and address of lien holder			- NOTICE - Secured party's signature must be notarized to release a lien.	Subscribed and sworn to before me this _____ Day of _____ 20 ____ NOTARY PUBLIC COUNTY MY COMMISSION EXPIRES _____
SECURED PARTY'S NAME				
STREET ADDRESS	MINNESOTA TAX ID NO.			
CITY	STATE	ZIP CODE		
SIGNATURE AND TITLE OF AUTHORIZED AGENT			The se cured party named no longer claims a security interest in the vehicle described above.	
			Date of Release _____	

INSTRUCTIONS: PLEASE READ CAREFULLY BEFORE COMPLETING

- Duplicate plates and stickers **ARE NOT** required when applying for a duplicate title, registration/cab card or lien card. You only need to complete this side of the form.
- Fees: Please contact DVS or your local deputy registration to determine fees or for assistance in completing this form. If you are applying by mail, make remittance payable to: Driver and Vehicle Services.

IMPORTANT NOTICE: PLEASE READ

DVS will issue a duplicate certificate of title only to the owner or legal representative (power of attorney is required) of the owner named on the original certificate. If the original certificate of title is recovered, it must be returned to DVS.

All data collected on a motor vehicle application are required by law. These data are used to identify your motor vehicle. Failure to provide required data may result in denial of the transfer of ownership, registration of this vehicle, or other requested action. Except for certain uses permitted by federal and state laws, personal information contained in your application may not be disclosed to anyone without your express consent.